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*Running head: The needs of homicidally bereaved individuals*

**“Everything changes”: Listening to homicidally bereaved individuals’ practice and intervention needs**

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## **Abstract**

This study sought to understand how individuals bereaved through homicide (murder or manslaughter) describe their postevent experiences to inform clinical needs and promote mechanisms for change. A total of 21 participants (18 females) between the ages of 29 and 66 ( $M$  age = 47.81 years,  $SD$  = 8.99) took part in this study. They were all participating in a residential program for homicidally bereaved individuals and were all residents in the United Kingdom. The sample comprised of 12 parents, five siblings, one partner, one daughter, one friend, and one grandmother of the deceased. The length of time since the bereavement varied from 12 months to 18 years ( $M$  = 2.48,  $SD$  = 1.80). Thematic analysis was used to analyze the narratives collected. Three central themes emerged, namely (a) *uniqueness of the experience*, (b) *changed self and world*, and (c) *mixed experiences of support*. The uniqueness of the individuals' experiences was associated with the nature of the homicide event and the consequences that are unlikely to occur in "normal" deaths (e.g., judiciary). A sense of a changed self (e.g., ongoing emotional/mental and physical responses, coping) and world (e.g., changed beliefs regarding safety and criminal activity) seemed to be contributing to different shades of (mal)adjustment. Adaptive and protective strategies were identified. The current study with a large qualitative sample generated a unique, rich description/integration about individuals' journeys following an experience of homicidal bereavement. Findings are likely to inform policy and clinical practice by considering individuals' voices.

## **Keywords**

homicide, bereavement, murder/manslaughter, impact/outcomes, experiences of support

## ***“Everything changes”*: Listening to homicidally bereaved individuals’ practice and intervention needs**

Homicide is a relatively frequent crime, with 437,000 people being killed by homicide internationally in 2012 (United Nations Office on Drugs and Crime [UNODC], 2013). More recent data suggest that the homicide rate in the United States was 49 per million population in 2015 (U.S. Department of Justice, Federal Bureau of Investigation, 2016). The United Kingdom figures demonstrate that 571 homicides occurred in England and Wales, 57 in Scotland, and 21 in Northern Ireland (1.8 per day; Home Office Homicide Index, 2017). For each of those killed by homicide, there are usually several individuals who had close relationship with them and are left behind. Following “normal” bereavement, research has shown that 45% to 50% of individuals tend to respond resiliently. More specifically, they demonstrate what it is categorized as “normal” grief pattern reactions and adjusting over time, albeit with some possible cultural/individual differences (Bonanno & Kaltman, 2001). However, when deaths occur under violent circumstances, this may promote bereavement distress characterized by severe emotional responses that may persist for many years (e.g., Amick-McMullan, Kilpatrick, & Resnick, 1991; Connolly & Gordon, 2015; Holland & Neimeyer, 2010; Rock, 1998). Understanding this phenomenon has relevance for ongoing individual well-being and public service provision.

Homicidal bereavement has several characteristics, such as the unexpected (often) deliberately and violent nature of the event, which may distinguish it from other violent bereavement experiences (e.g., due to terminal illness, suicide, and accidental death). Moreover, the available evidence suggests that homicidally bereaved individuals are at an increased risk of developing a variety of psychological difficulties, including posttraumatic stress disorder (PTSD), depression, anxiety, substance abuse, and complicated grief (CG).

Indeed, a systematic review demonstrated that the prevalence of PTSD ranged from 19.1% to 71% across studies (van Denderen, de Keijser, Kleen, & Boelen, 2015), which is relatively high when compared with other forms of traumatic exposure, among war veterans, for example. It is estimated that PTSD responses in this context ranged between 6% and 15% (National Center for PTSD; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995).

Regarding grief responses postloss, it is estimated that the majority of adults, children, and adolescents will show the ability to grieve and adapt (Prigerson, 2004), showing healthy levels of psychological and physical functioning in the first 12 months postloss (Bonanno, 2004). Nevertheless, around 10% of the bereaved population are likely to require professional support (Shear et al., 2011). Thus, CG<sup>1</sup> consists of an overall ongoing grief response, including intense yearning, search for the deceased, disbelief about the loved one's death, or an inability to accept the loss. Individuals might experience intrusive thoughts/images of the death scenario, even if they have not witnessed (Prigerson et al., 1995). As a result, individuals may be unable to work and to maintain social interactions (Shear, 2015). Thus, CG within 10 years of bereavement was found in 2.4% among the general population (Fujisawa et al., 2010), but rates of prolonged grief disorder (PGD) can actually be higher following the death of a partner or child under unnatural or violent circumstances (10%; Boelen & Smid, 2017). Other studies have also demonstrated that unexpected, sudden, and violent losses were linked with greater CG responses. (e.g., Currier, Holland, & Neimeyer, 2006; Shear, 2015; Parkes, 1993). However, evidence-based research is somewhat limited among homicidally bereaved individuals; therefore, it is difficult to estimate the CG prevalence accurately as noted by Rynearson, Schut, and Stroebe (2013).

Looking more broadly, suicidal ideation, hostility, insomnia, early mortality, and a high predisposition to risky behaviors (e.g., drug and alcohol consumption) have each been linked to homicidal bereavement experiences (Currier, Holland, & Neimeyer, 2006; Rheingold &

Williams, 2015; Rheingold, Zinzow, Hawkins, Saunders, & Kilpatrick, 2012; Zinzow, Rheingold, Byczkiewicz, Saunders, & Kilpatrick, 2011). Financial difficulties as well as social/community level problems often occur, as a result of the homicidal bereavement experience (Clements, DeRanieri, Vigil, & Benasutti, 2004; Malone, 2007a). In contrast, the majority of bereaved individuals (especially following “natural” deaths) are likely to adjust after a short period of potential distress, and impaired functioning (Bonanno & Kaltman, 2001).

Despite these observations, such as the relatively broad range of adverse outcomes, the experience of homicidal bereavement, and its features, it still remains relatively understudied when compared with other potential interpersonal traumatic/abusive experiences (e.g., domestic and sexual abuse). In addition, there are few adapted and tested interventions for this client group (Alves-Costa, Hamilton-Giachritsis, & Halligan). Few interventions have been developed for adults (e.g., Rheingold et al., 2015; Saindon et al., 2014), or for children and adolescents (e.g., Salloum, 2008; Salloum, Avery, & McClain, 2001), who have been through an experience of homicidal bereavement, mainly in the United States. Some exceptions to this are charities such as *Winston’s Wish UK*<sup>2</sup> (children), Victim Support (*Homicide Service*; adults),<sup>3</sup> *Support After Murder and Manslaughter*<sup>4</sup> (adults) and, *The Moira Fund*.<sup>5</sup> In the United Kingdom, these charities offer immediate and helpful support, but models of intervention are unknown and, hence, it is difficult to be clear about adaptations and research-based suggestions/generalizations. Also, some support is available only during the court processes. Therefore, despite the positive effect of these interventions, this study aimed to increase understanding about the phenomenon by listening to individuals’ voices.

Alongside the limited evidence relating to the negative experiences associated with homicidal bereavement, there is also sparse information about how individuals perceive their postevent experience, especially on how processes and changes are perceived to have occurred over time. Furthermore, the small amount of research to date is quantitative in nature, with little

attention to details paid to the voices of those experiencing these negative outcomes. Therefore, the purpose of this study is to provide in-depth description of how homicidally bereaved individuals describe their personal experiences/journeys posthomicide. Thus, interviews mainly focused on the individuals' perceptions and experiences postloss, coping strategies used, and support needs. Specifically, this research was guided by the following analytic questions:

- a. How do individuals describe their experience posthomicide?
- b. How do individuals perceive both formal and informal support?
- c. What coping strategies do individuals engage with?

### **Context: Escaping Victimhood (EV)**

Participants were recruited from a homicidally bereaved holistic program offered by a U.K. charity, EV.<sup>6</sup> The goal of EV is to support individuals whose lives have been disrupted by the trauma of a serious crime experience, particularly from homicidal bereavement. EV offers a 4-day residential holistic group program (up to 12 individuals on each program to allow for individualized response) to individuals affected by homicide. Briefly, EV offers a psychoeducational and experiential intervention aimed to empower individuals bereaved through homicide or manslaughter. They deliver informative workshops about traumatic reactions, emotional and physiological responses (e.g., why and how certain symptoms, responses, and reactions occur), and coping strategies aiming to promote a “better” adjustment after losing a loved one in such circumstances. In addition, their holistic philosophy incorporates experiential activities such as photography, art, and therapeutic messages aiming to promote well-being and reinforce the possibility of engaging with such activities in the future. Individuals who attend EV workshops are, by default, those who are struggling to cope following homicidal bereavement experiences.

## **Method**

This study (and the wider longitudinal study) received ethical approval from Psychology Ethics Committee at the University of Bath (Ref. 14-186) and the British Psychological Society. In addition, Health and Care Profession Council ethical guidelines were followed. Internal processes were completed for approval at EV. In brief, the welfare of participants was paramount, including anonymity of data, informed consent, and right to withdraw, with a plan carefully developed in case participants showed signs of distress or anxiety during the interview.

### *Paradigmatic Underpinnings*

This study presents the qualitative element of a wider research project (i.e., mixed methods approach), and although the current article reflects a micro study of the longitudinal study, it is important to reflect on the paradigm and philosophical perspective. Pragmatism is generally regarded as the philosophical paradigm for the mixed methods approaches, as it attempts to provide a distinction between what are considered (a) purely quantitative approaches based on a philosophy of (post)positivism and (b) purely qualitative approaches based on a philosophy of interpretivism or constructivism (e.g., Johnson & Onwuegbuzie, 2004; Maxcy, 2003). Thus, this qualitative study complements the quantitative data (reported elsewhere) to better understand the underlying processes of these individuals (as per Smith, Tomasone, Latimer-Cheung, & Martin Ginis, 2015).

### *Recruitment/Participants*

One to one qualitative interviews were conducted with homicidally bereaved individuals who were attending a residential EV program (on the second or third day of the program). EV participants had experienced the loss at least 1 year prior to the interview and were aged 18 years or older when the interview was conducted.



Four groups were held between September 2014 and June 2015 ( $N = 30$ ); participants were approached for this qualitative study.

Individuals were pre-informed about the study by the EV team and, if willing, agreed to take part on the first day of the EV program. In total, 21 (70%) individuals agreed: the resultant sample comprised of three males and 18 females with a mean age of  $M = 47.81$  years old ( $SD = 8.99$ ; range = 29-66) residing in the United Kingdom. Highest educational qualifications achieved were as follows: GCSE/O-Level/Equivalent,  $n = 10$  (i.e., education until 16 years); A-Levels/Equivalent,  $n = 4$  (18 years); postgraduate certificates,  $n = 5$ ; and professional degree,  $n = 2$ . The sample comprised 12 parents, five siblings, one partner, one daughter, one friend, and one grandmother. The length of time since the bereavement at the time of interview varied from twelve months to eighteen years ( $M = 2.48$ ;  $SD = 1.80$ ).

### *Semistructured Interview and Data Analyses*

Semistructured interviews were conducted in this study. More specifically, participants were asked to discuss their interpretations, perceptions, opinions about their postevent experiences, their participation on the EV program, and their experience with both support and legal services. Interview questions were developed based on a cross-literature search in a variety of areas, including interventions, emotional responses, psychopathology, homicidal bereavement experiences, and victimology. The EV team (experts working in this field for several years) provided feedback and suggestions in the generation of interview questions. In addition, a pilot group was run in September 2014 and changes to the interview protocol were made following participants' feedback and from the researcher's self-reflection on the interview. Thus, two main changes were made: (a) five questions were merged into one, as they shared very similar content (e.g., coping strategies and patterns postloss), and (b) technical and academic language

was substituted by *more* simplistic terminology (e.g., psychological difficulties or emotional issues instated of psychopathology).

All the interviews were audio-recorded and transcribed verbatim ready for coding. Duration varied from 20 min to 2 hr.

Interviews were analyzed using an inductive Thematic Analysis method (Braun & Clarke, 2006). All the analyses were supported through the use of QSR NVivo10 software.

The process of data analysis occurred in different phases/steps, as suggested by Braun and Clarke (2006). The first author was immersed in the data and became as familiar with it as possible. This process occurred by transcribing the audio recordings and by reading the transcripts several times before actually starting the analysis. In the primary stage, the first author went through the coding process independently. The coding system was gradually generated, as she was focusing on domains related to this subject (e.g., perceptions, changes, opinions, and suggestions were robustly searched). In a second phase, and in order to insure academic rigor and reliability, an independent coder (a final year graduate student in psychology) performed blind coding for 10% of the interviews. Furthermore, the first author and the external coder established comparisons between the two coding systems generated. This process demonstrated that there was a high level of agreement between the themes and subthemes generated. Results from Cohen's  $K$  test indicated a substantial level of agreement ( $k = .759$ ,  $p = .003$ ). Furthermore, the second author checked the both coding systems preformed and it was decided that the themes "changed self" and "changed world" (initially two separate themes) should be merged, due to the overlap between the two. Finally, a third independent coder was involved (third author) to check the themes and subthemes, and together with the first and second authors, the coding generated was validated.

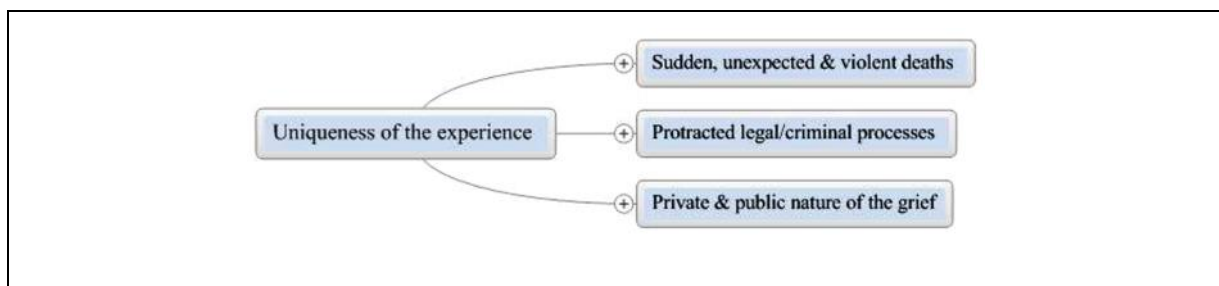
Finally, it is important to note that greater use of additional prompting might have been useful in developing even richer narratives, but this was not used and it might need to be seen as a potential limitation.

## Results

Three overarching themes emerged from the thematic analysis: (a) *uniqueness of the experience*, (b) *changed self and world*, and (c) *mixed experiences of support*. Each of these was comprised of several subthemes, as detailed below. Mind-mapping figures are presented to summarize the findings.

### *Theme 1: Uniqueness of the Experience*

The first theme reflected participants' narratives about their perception of being bereaved through homicide, including how they describe their posthomicide reality. In particular, individuals reflected about the potentially "unique" experience that they have been through. Thus, several concrete examples (subthemes) were given by the participants, which illustrate how they "see" and "feel" the postloss. Subthemes consistent with this perception of having been through a unique experience were as follows: (a) the sudden, unexpected, and violent nature of the event; (b) the protracted legal/criminal processes and sometimes inconsistent aims of individuals versus the State; and (c) the dual private but also public nature of their grief processes (Figure 1).



**Figure 1.** Uniqueness of a homicidal bereavement experience.

First, the vast majority of the individuals reflected about the nature of the death. This was perceived as particularly unique when compared with other causes of losses (e.g., following nonviolent circumstances, in particular). Thus, the first subtheme (sudden, unexpected, and violent nature of the event) was mentioned by 19 participants. The sudden and unexpected nature that characterizes a death by homicide and although it may occur under other circumstances (e.g., accident, suicide), it was possible to understand how difficult it was for those participants to deal with that. For example, as Participant 10 said that her son went “out and [she] never saw him again, it was like that! [she] did not had time to say bye or how much [she loves] him. You just do not think those tragedies happen to you.”

Furthermore, and as appointed by almost all of the participants ( $n = 20$ ), the often deliberate (by opposite to the natural) nature of a homicide is a key factor that differentiates their experiences to others, as mentioned by Participant 6: “we have had many other deaths in the family but, you cannot compare, they were natural, this is just another level, someone intended to kill her.” Participants also reflected about the potential violent nature of a homicide. Thus, as an example another participant stated,

It is horrible thinking about what the [perpetrator] did with my sister. Only parts of her body were found, we did her funeral with a small box. And I cannot really think about her pain. I cannot think about her suffering, it is terrifying. (Participant 8)

Finally, and related to this, some participants ( $n = 5$ ) also referred to the deceased’s last moments of life. While this might be shared with other forms of bereavement, it may qualitatively differ when deaths occur under extremely violent circumstances. Feelings of extreme pain and suffering were described, as Participant 7 said, “I just cannot get my head around the [victims’] last hours, her body was, and her body was, the blood, her face, her face. She was in agony.”

The second subtheme relates to the *protracted legal/criminal processes and sometimes inconsistent aims of individuals versus the State*. Almost all of the individuals ( $n = 19$ ) have identified the criminal and legal processes that follow the homicide as an element that is very unlikely to occur among other deaths. For example, Participant 18 noted that “the legal system involved, is not normal, you do not go to the court if it is natural, if it happens by illness or aging. I did not go through this when my parents died.”

Furthermore, the criminal and legal processes, involved immediately after the event, are for the very majority of them ( $n = 18$ ) something that they are not “skilled” enough to understand. In fact, the “lack of information” regarding those systems, in particular not knowing how it works and progresses, is seen as an additional source of stress which is likely to increase their maladjustment, as it was said by Participant 6: “you have to fight and fight and fight to get some information about what is going to happen, you do not get this if you lose a loved one in normal circumstances, do you?”

In addition to that, and linked with the nature of the criminal and legal proceedings, participants described an inability to fully grieve and process the loss in their overall experience. In fact, 19 participants shared that they “just [wanted] to grieve, but [they] cannot, as [they] are too busy trying to understand the legal system. Trying to find the person who killed your loved one. You are busy, you are busy” (Participant 19). Building on that, the very majority of the individuals ( $n = 17$ ) reflected about the apparent dissimilar aims between homicidally bereaved individuals and the State. On one hand, the State’s aim is to follow the legal and criminal preestablished rules to reach “justice” with guilt or innocence established at the end of the process, as shared by Participant 4: “their job is over when the legal process finishes, when they caught the person who killed your loved one.” But, on the other hand, for homicidally bereaved individuals, the end of the legal and criminal processes were described as the beginning of their grief process, as noted by Participant 8, they “start grieving when the

legal side is finished.” Consequently, almost every participant ( $n = 20$ ) identified these dissimilar aims as contributing to the lack of further support (both formal and informal) after sentencing. In addition, individuals ( $n = 18$ ) believe that having had the opportunity to understand better, as well as to know what to expect from those criminal and legal systems would have been beneficial, as it was said by Participant 15, “when you know, you feel that you can control things a bit better, rather than having surprises.”

The third subtheme relates with the *dual private and public nature of the grief process following a homicide*. Individuals’ narratives ( $n = 12$ ) described the media coverage on the aftermath as contributing to the public (instead of private) nature of their grief and not likely to occur following other deaths. Moreover, participants ( $n = 9$ ) have described the media’s interactions as disrespectful toward their families and loved one’s memories, as well as lacking of tact and empathy. Participant 4 stated that “the press wants to know everything about [their] loved one, about [their] family and sooner or later they start judging you.” Moreover, Participant 21 added that “the media are at your front door and you just want to hide yourself from the society. And do they really care about you? No, they do not! They want to get a sensationalist story that sells, that is what they want.” This led to a perceived social/self-stigmatization following the homicide, as several individuals ( $n = 8$ ) shared that they felt exposed, even when they were not “the victim, but it made them more vulnerable and known,” as noted by Participant 21.

Finally and directly linked with the participants’ difficulties, financial changes were also reported by 12 participants, as a direct consequence of the homicide event with this leading to additional distress.

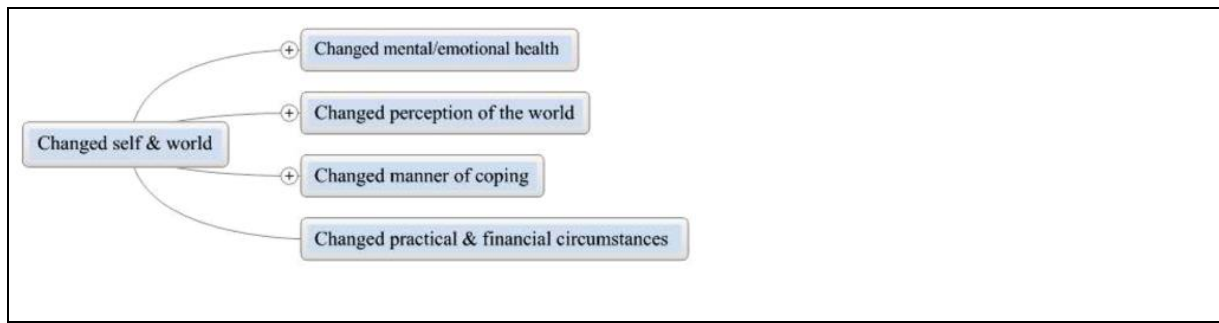
## *Theme 2: Changed Self and World*

The second major theme related to how individuals define themselves and their reality following the homicide. Subthemes emerged, as follows: (a) changed mental/emotional health, (b) changed perception of the world, and (c) changed manner of coping (Figure 2).

Participants' narratives ( $n = 21$ ) described a *changed self* posthomicide where severe psychological difficulties were felt since the event. In fact, they described significant changes in their overall well-being. The most common symptoms reported were compatible with traumatic responses, as noted by Participant 19: "the shock, the trauma, the trauma, you just see everything happening again and again in your head, no matter if you are asleep or not." Furthermore, grief responses were also seen as disturbing, due to the "intrusive images" of the victim's body, as well as overall apathy and depressive symptoms (Participant 3). The lack of energy was linked with their lack of motivation, for example, Participant 13 noted that she "just lost interest and motivation to do things, to see people, to talk with them about random things. At work is difficult as well, especially in the morning, because [her] head is not really there."

In addition, individuals ( $n = 19$ ) described an overall lack of energy and feeling of exhaustion that enabled them to "function at all" (Participant 4). Moreover, physical issues were reported by several participants ( $n = 9$ ), namely eating and sleeping disturbances.

Beyond the psychological difficulties, more than half of the participants ( $n = 12$ ) have also described changes in their emotional system, where they often feel guilty by having a life without their loved ones ( $n = 9$ ), as well as easy irritable, frustrated, and overall angry, as the following quotes exemplify:



**Figure 2.** Changed self and world posthomicide.

I feel guilty, you know? Guilty with very minor things going to the park with my grandchildren, for example. (Participant 12)

I get angry very, very easily now all the time. Small things make me feel that way, even watching movies that reminds me of [her sister]. (Participant 10).

It is important to note that the majority of individuals ( $n = 19$ ) linked the outlined impacts with a belief of having an abnormal disease/disorder given the severity and persistence of the symptoms. For example, Participant 21 said,

You think you are going crazy, you just do not know what it is happening, your body has this very strange reactions, your mind is never in silence and then you just think that you are mad and that all is a matter of your imagination.

However, knowing that their experience is not a unique case and that other people develop similar (mental/emotional and physical) responses was perceived as being beneficial by 18 participants as they have seen their own responses normalized; Participant 7 noted that they “are part of an exclusive club, where [they] share the same pain.”

The second subtheme—*changed world*—relates with their changed worldviews posthomicide. In fact, 10 participants reflected on their changed self and world, and how it contributed to their (mal)adjustment. This is particularly demonstrated due to their inability to integrate the homicide in their overall experience. In fact, a number of participants ( $n = 15$ ) described a new system of



beliefs regarding overall safety and trust issues, as well as an increased awareness regarding criminal activity and how ordinary people (such as themselves) can be affected by it. Some examples included,

I think before I didn't think about crimes and things like that, because you do not have to, you see things on the news and you read things in the newspapers, but it is always very distant from you. (Participant 20)

I trust my friends which I always have and they have been there for years and I'm very lucky in that way. With others I'm very careful. (Participant 5)

Regarding the individuals' changes (self and world), several participants ( $n = 10$ ) demonstrated an overall confusion due to an identity that was no longer recognized as being part of their own and contributed to an unrealistic will of "going back to [their] normal." Furthermore, this was linked with the failure to find meaning to validate those changed identities, as it was noted by Participant 2, for example:

I need to get myself back, I need to be able to somehow to get back my true self and go back to who I was before this happened, because now I don't live, I function; I don't live, I function.

In contrast, a sense of reorganization/adjustment was described by a third of participants ( $n = 7$ ), demonstrating a *more* positive attitude toward their changes. Although those participants acknowledged a changed self and reality posthomicide, they also noted that all the changes might reflect a new identity, as said by Participant 9, for instance: "I know that I'm not the same person that I was before, and I will never be. This is my new normal."

Finally, the third subtheme related to the individuals' *changed manner to cope*. For 10 participants, coping with day to day issues was harder posthomicide. On the contrary, despite

the difficulties coping, some participants also listed a number of active strategies that they had been undertaking to help them with the homicidal bereavement experience, including spending time with family ( $n = 10$ ), having short/medium term aims and goals ( $n = 5$ ), accepting help (formal and/or informal;  $n = 5$ ), sports and exercising ( $n = 4$ ), and accessing information about the legal process and posthomicide responses (emotional and physical;  $n = 19$ ). Self-protective or avoidant coping strategies were also described, including taking things “day by day” as the future seems unpredictable and uncontrollable ( $n = 15$ ), keeping busy and avoiding thinking about the homicide event ( $n = 10$ ), avoiding places and/or activities to avoid possible reminders ( $n = 11$ ), alcohol consumption ( $n = 5$ ), and hiding feeling and emotions to protect relatives ( $n = 10$ ).

### *Theme 3: Mixed Experiences of Support*

This theme summarizes the participants’ experiences regarding the sources of support posthomicide. Participants reported both informal support shown by family, friends, and colleagues ( $n = 15$ ), and formal support offered by varied services ( $n = 21$ ).

Regarding *support received*, 18 participants described an overall positive/satisfactory experience of support (both formal and informal). Primarily, individuals found helpful receiving some information immediately after the homicide (e.g., police officers). Furthermore, almost all of the individuals ( $n = 15$ ) mentioned having been helped with day-to-day practicalities/issues (e.g., paying bills, planning meals), and this was seen as very “important, because you just don’t care about anything really,” as noted by Participant 7. However, it was clearly identified as not “enough” by 15 participants. In fact, almost all sources of support ceased when the legal process finished (or not long after). This period of time was described as a critical turning-point where individuals start (truly) grieving for their loved one’s death, and where continued support was consequently particularly needed, as it was mentioned earlier. Thus, 16 participants reflected on their current need for continued formal support (sometimes

many years after the event), due to their ongoing and severe psychological difficulties. In fact, the EV workshops were mentioned for the majority of those participants ( $n = 12$ ) as extremely useful, as it provided the “right tools” to help them understand posthomicide responses and which strategies and/or interventions/treatments might help them to reach a better adjustment over time.

Finally, about half of the participants ( $n = 10$ ) reflected on an unfair “system” that mainly focuses on the perpetrators’ needs, due to the established sources of support, care, and treatment/interventions within prisons for offenders. In comparison, they described the uncertainty and perceived lack of care posthomicide experienced by family and friends of the deceased, as it was noted by Participant 5, the perpetrators “get all they need in the prison, they get mental services for free, and they are there for them. People look after them, this is just not fair.”

Regarding informal support, 15 participants mentioned having felt supported by relatives and/or friends postevent. However, this was not always perceived as effective, as “people don’t know what to say, they don’t say anything then, which is even worse” (as said Participant 11), or “avoid the topic” when individuals “would rather be asked about what [their] needs and what they can offer to help” (as noted by Participant 3).

Finally and regarding the overall perception of being supported, individuals ( $n = 15$ ) shared their beliefs of not feeling fully understood by people (in the context of both formal and informal support) who have not been bereaved through similar circumstances. This comprised a perceived inability of others to empathize, feel, and think similarly. Therefore, participants believed that without having been through the “same experience,” individuals cannot fully and holistically understand their experiences. Furthermore, the perception of not being understood was linked with a tendency for isolation posthomicide, as it seemed to be an easier and safer path to take.

In terms of recommendations for practice, some participants described the need for a clear structure in relation to where they can seek professional support, how legal processes are likely to progress over time ( $n = 8$ ), longer periods of support ( $n = 15$ ), humanized professional support ( $n = 7$ ), and specialist professionals ( $n = 9$ ). On the contrary, for social awareness purposes, several participants ( $n = 10$ ) noted that more education is needed regarding how to respond to grief, because they are likely to be wrongly labeled as “mental or mad,” but their “bodies and minds are only reacting to a horrific experience,” as, for example, said by Participant 8.

## **Discussion**

This is one of the few qualitative approach studies aiming at understanding posthomicide experiences. Previous research has focused mainly on clinical impact posthomicide and general coping mechanism.

The qualitative study conducted with 21 homicidally bereaved individuals (during their attendance in the EV intervention) captured in the participant descriptions individuals highlighting their perceptions of the posthomicide reality. Indeed, this study describes how they “see” and “feel” their experience as *unique* when compared with other general adverse experiences and with nonviolent losses, in particular, and is likely to inform practice and policy.

The nature of the homicide itself (i.e., often sudden, unexpected, deliberated, and violent) seem to have increased individual’s suffer on the aftermath. This was in line with other studies, where the violent and intentional elements that characterize a homicide were linked with ruminative questions and thoughts about the event per se (e.g., death body, crime scene) with this leading to overall poorer adjustment and increased CG symptoms when compared with other causes of death (e.g., Currier et al., 2006; Parkes, 1993; Shear, 2015; Simon, 2013).

Moreover, the criminal investigations (and often missing body) and legal processes were described as additional elements of distress. Furthermore, several studies have described the

individuals' perceptions about the legal-criminal processes, with the vast majority highlighting poor experiences, especially due to the lack of information about how it works and progresses over time (e.g., Armour, 2003; Malone, 2007a, 2007b). In fact, a more victim-oriented justice process was encouraged. This might prevent the exacerbation of psychological difficulties posthomicide, as well as potential secondary victimization (Englebrecht, 2011). In addition, the media intrusion was described as negatively impacting the individuals' lives. Our findings are consistent with existing limited research findings relating to negative media impacts, which have led to suggestions that training on "emotional literacy" should be provided to allow journalists to engage with and empower homicidally bereaved individuals (Malone, 2007a; Englebrecht, Mason, & Adams, 2016; Wellman, 2016). Taking in consideration the very peculiar elements postloss outlined above, perhaps unsurprisingly, individuals described themselves as changed by the homicide, where intense psychological responses were reported. Previous research has reported high levels of psychopathology posthomicide, namely, PTSD, CG, and depression (e.g., Rheingold & Williams, 2015; van Denderen, de Keijser, Huisman, & Boelen, 2016). Furthermore, participants in this study shared changed professional/financial roles and worldviews. Indeed, individuals reported an inability to work since the homicide, as it was also noted by Malone (2009a). Moreover, the changed world was, in this study, linked with the individual's inability to adjust and wishing to be possible to "go back to their normal." Other studies have linked this with feelings of alienation and social isolation (Miller, 2009).

Finally, their perceptions of mixed experiences of support (not always positive) led to suggestions to improve formal support, where a clearer plan of action could be implemented, showing the paths that individuals need to follow to get support and information. According to participants' narratives, support experiences could be improved in the future by providing (a) advice about the legal process, and about what services/treatments are available; (b) clear information about what mental/emotional and physical responses are likely to occur

posthomicide; and (c) ongoing support (after the legal processes). In fact, knowing responses that are likely to occur posthomicide and having a greater understanding about how legal procedures work, as well as being mindful about not being “a unique case,” were described as helpful and adaptive coping strategies.

Other research has shown that individuals were generally dissatisfied with their service experiences, in particular with their interactions with the criminal justice system, but that strategic planning together with community agencies and police departments could support individuals in gaining access to the right services at the right time (Rheingold & Williams, 2015). Some authors have even suggested that this may need to occur in people’s home and/or local communities (Aldrich & Kallivayalil, 2013), but our study did not support that. Although participants found it very difficult to get to the EV residential program (a “journey” in itself—both physically and mentally), the benefits of doing so were immense (reported at the time of the intervention). However, the locations were often a large distance away. Hence, additional provision of residential programs around the country would shorten journeys and could facilitate greater attendance at such programs for those individuals who are still experiencing ongoing, long-term difficulties despite interventions from other sources, such as Victim Support.

Regarding informal support, it appears to be important to increase social awareness about grief in general and homicidal bereavement in particular, where individuals adopt a direct, but tactful attitude toward those affected. Actually, participants described their preferences to be asked about how they could be supported, rather than being avoided. This might relate with wider societal difficulties in responding to death and dying (no matter its cause), where this has become something of a “taboo” subject with individuals lacking skills to engage with such experiences (Chapple, Ziebland, & Hawton, 2015).

Finally and in terms of the individual's adaptation, two different shades of (mal)adjustment were identified: an unrealistic desire for "going back to [their] normal" and, by the contrary, integrating their identity as their "new normal." However, the interviews took place while individuals were attending the EV intervention, and it would be important to understand how they have progressed afterward (a mixed-method longitudinal study has been conducted and future manuscripts will look at this closer). Nevertheless, and taking in consideration the participants' narratives, some show a *more* positive approach and described themselves as ready to begin their journeys to the adjustment (*new normal*-approach). However, other individuals (*go back to their normal*-approach) may require further assistance in developing better integration of their "new" self with their old identity.

Findings from this study are in line with the previous somewhat limited research and highlighted new pathways to understand the experiences of those bereaved by homicide. Avenues of clinical support were discussed and future practice could consider the individuals' voice to help them/promote their adjustment to a possible "new normal" in a changed reality.

### *Limitations and Future Research*

Despite the positive contributions of this study, there were some limitations. In particular, some of the questions might have been too broadly phrased (e.g., "What sort of support did you get"), as per that suggested by qualitative analysis. However, greater use of additional prompting might have been useful in developing even richer narratives. Furthermore, and although efforts were made to avoid subjectivity linked with the nature of coding and constructing themes, this needs to be seen as a possible limitation. Second, this study would have benefited from the inclusion of individuals who had not attended the EV program to maximize knowledge on different experiences of support and personal journeys. However, attempts to find community samples were unsuccessful, hence should be an area for future research. Furthermore, mainly

females participated in this study; therefore, it was not possible to explore possible differences between males and females, and future studies should address this limitation better. This has also been seen among the majority of the EV group interventions where only a few males took part up to date. In fact, this raises some questions that could be considered in future research (e.g., Do males engage with groups of support?).

In addition, it is important to note that the EV participants are often individuals that seem to struggle the most, demonstrating particular difficulty coping (even when they have been supported by other national services). Thus, this highlights the need to conduct studies with community groups of participants both seeking and not seeking support and explore if those groups differ (or not).

Importantly, personal characteristics and social interactions prior to the homicidal experience are likely to impact on how individuals cope and manage adverse experiences, while the different experiences of support (formal and informal) are likely to impact how individuals respond over time following the homicide. While the latter has been considered, the former has not in this article; this question requires additional research and, hence, is part of the wider study.

### **Declaration of Conflicting Interests**


Filipa's PhD was co-funded by the national charity, Escaping Victimhood. However, the research team work independently to the Charity and maintain their academic and scientific rigor, following standardized ethical principles and guidelines. The Charity also sees the need for the research to remain independent and able to report all outcomes, all of which (positive or negative) can help their programme develop.



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## Notes

1. Complicated grief (CG) is also termed as *prolonged grief disorder* (Boelen, Van de Schoot, Van den Hout, De Keijser, & Van den Bout, 2010), *complicated grief disorder* (Maercker, & Znoj, 2010), *pathological grief* (Jacobs, 1993), *traumatic grief* (Jacobs, Mazure, & Prigerson, 2000), and *persistent complex bereavement disorder* (PCBD, American Psychiatric Association, 2013).
2. *Winston's Wish UK*: <http://www.winstonswish.org.uk>
3. <https://www.victimsupport.org.uk>
4. <https://www.samm.org.uk/>
5. <http://www.themoirafund.org.uk/>
6. More information about the Escaping Victimhood (EV) program can be find on their website: <http://www.escapingvictimhood.com/>

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## Author Biographies

**Filipa Alves-Costa** has recently joined the Institute of Psychiatry, Psychology and Neuroscience, King's College, as a research associate exploring experiences of domestic violence and abuse among military personnel and civilian partners. She has completed a funded PhD degree at the University of Bath (Department of Psychology, UK, January 2018) exploring experiences of bereavement through homicide. She has a Degree in Psychology and (Hons) Master's Degree in justice/forensic psychology (University of Minho, Portugal, 2011). She has worked in a variety of fields in psychology including research and psychological intervention (e.g., domestic and sexual abuse, risk assessments, cognitive stimulation, and adult resilience).

**Catherine Hamilton-Giachritsis** is a forensic and clinical psychologist with over 20 years' experience in child protection and family violence. Previously a psychologist in Birmingham Social Services undertaking family risk assessments, she is now reader in clinical psychology at the University of Bath, UK. She has an extensive body of research published in peer-reviewed journals. Her work focuses on child maltreatment, trauma, and risk assessment, considering victims and offenders (e.g., harmful sexual behavior, online grooming). She is co-editor of the Wiley book *What Works in Child Maltreatment: An Evidence Based Approach to Assessment and Intervention in Child Protection* (2017).

**Sarah Halligan** is a reader in clinical psychology at the University of Bath. Her research has examined the development of psychological disorders, particularly posttraumatic stress disorder (PTSD) and depression, with a focus on young people. In the PTSD field, she has examined the cognitive-behavioral, biological, and social factors that contribute to disorder following trauma exposure, and has studied both national and international populations. Her research has been funded by U.K. funding bodies including the ESRC, MRC, British Academy, Nuffield Foundation, NIHR, Wellcome Trust, and the Royal Society.

